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The term of this patent (date)	(Assistant Examiner) (Date)	NOTICE OF ALLOWANCE MAILED		
The term of this patient shall not extend beyond the expiration date of U.S Patient. No.		ISSUE FEE Amount Due Date Paid		
The terminal months of this patern have been disclaimed.	(Primary Examinor) (Date)  (Legal Instruments Examiner) (Date)	ISSUE BATCH NUMBER		
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